

Liver slightly enlarged. Right kidney normal, but slightly congested; left kidney somewhat congested and enlarged.

Brain.—Convulsions very well marked; some venous congestion. The basilar and internal carotid arteries were diminished in calibre. There was slight effusion into the right lateral ventricle. Weight of brain, fifty and three-fourths ounces.

The most remarkable point in this case is, that the patient lived so long, and retained a considerable degree of mental activity, when the supply of blood to his brain, as well as upper extremities, was almost cut off. Of the four arteries leading to the brain, three arose from trunks which were impervious and apparently had been so for a long time; the other was almost completely occluded.

A CASE OF PYÆMIA, WITH ANOMALOUS SYMPTOMS, FOLLOWING ABORTION.

By W. P. GIDDINGS, M.D., Allston.

On the morning of April 2, 1872, I was called to see Mrs. M., æt. 32, multipara. I obtained from her and the attendant the following history. Seven weeks previous to the date of my seeing her, she had lifted a large tub, partly filled with water, and directly after this she began flowing. This had continued a greater part of the time up to April 1st, when she was delivered of a four months' fetus by Dr. —, of Boston. The placenta immediately followed, the uterus contracted, and the hæmorrhage ceased. The attending physician ordered cloths, wrung out in cold water, to be applied to the abdomen, and to be repeated at short intervals for twenty-four hours. I directed that the cloths should be at once discontinued, as there was no flowing, and as she was suffering from rigors, which the nurse stated began directly after the cold applications were used. There had been some nausea and vomiting; the pulse was 144, and temperature 107½°. The tongue was a livid red in the centre, the edges covered with a brownish dry fur, and there was great thirst. There was partial suppression of the lochia and retention of urine. The intellect remained tolerably clear. There was considerable tympanites, but no marked tenderness of abdomen at any point, and she complained only of an indescribably bad feeling in the head, and of the alternate recurrence of rigors and fever. I ordered hydrarg. submur., gr. vi.; ext. opii, gr. iv. M. Ft. pil. No. iij. One pill to be given immediately, and repeated p.

r. n. Patient to be nourished with gruel and beef-tea. Several hours later, she reported herself better. Pulse 128; temp. 104°.

R. Pulv. Doveri, gr. x.;

Hydrarg. submur., gr. v.

To be followed in four hours with 3i. of the following mixture:—

R. Ol. terebinth., 3iij.;

Syr. toltan., 3i.

April 3d.—Reports having slept pretty well the night previous. Pulse 120; temp. 103°. Bowels have moved pretty freely; four copious dark dejections, very offensive. Repeat Dover's powder and omit calomel. Continue the mist. terebinth. every four hours.

April 4th, A.M.—Much the same as at previous visit. Bowels have moved three times since last visit; character of stools the same. At time of my evening visit, I found her in an alarming condition. The pulse had risen to 136, and temperature to 105½°. There was jactitation, loss of hearing and impairment of vision. Tongue livid, red and dry. Perhaps I should state that the change seemed due to seeing friends, whom she had not met before for months, and whose sudden appearance gave her "a great shock."

I requested that I might enjoy the counsel of my friend Dr. Braman, as I feared an unfavorable issue. We considered opium together with some nourishing stimulant the *sine qua non*, and accordingly gave her ext. opii gr. 1½ in pill repeated p. r. n., and wine whey to answer the double purpose of nourishment and for quenching thirst. Beef-tea was given at the same time without stint.

April 5th, A.M.—The change for the better is most marked. Hearing and vision returned. Pulse 120. Temperature 103°. Less thirst. From the last date until April 29th, there were repeated daily rigors, followed by a profuse perspiration, with a dull, jaundiced look to the skin. There was a daily variation of pulse and temperature, the former ranging from 92 to 128, the latter from 99½° to 104½°. From two to five dejections daily; at times light ochre color, at others darkish green, but all highly offensive. On April 12th, I found tenderness and gurgling in the ileo-cæcal region, which continued up to April 29th, when convalescence was plainly marked. There were no rose spots to be seen at any time on any part of the body; no epistaxis, and no hæmorrhagic extravasation, so common in pyæmia. Early in her sickness, she complained of pain and tenderness just

above left knee. An examination showed considerable enlargement without discoloration or fluctuation. The limb was bathed freely in linimentum camph. comp., which, seemingly, afforded great relief. Immediately upon improvement of the leg, pain and tenderness began to be felt in both arms at the point of insertion of the deltoid muscle, but no swelling or discoloration could be detected. Gradually, the trouble extended down the arms to the elbows, and the muscles began to contract—the biceps more especially—until the right hand was drawn up and rested upon the shoulder; the left, also, was drawn up and rested at right angles with the shoulder. The liniment was applied freely, and the arms rubbed often, as briskly as their tender condition would allow. Efforts at extension were also made. By this mode of treatment the pain and soreness gradually disappeared, and full extension of the left, and nearly that of the right is now easily accomplished.

It seems to me that in this case we have some anomalous symptoms which, so far as my observation and reading extend, have never been brought to the notice of the profession. During the whole of this sickness the intellect remained quite clear, excepting one night, when there was mirthful delirium. The treatment of the case consisted chiefly in nourishment. Dover's powder ten grains were given each night, to secure rest, and check a tendency to diarrhœa. She got tinct. ferri mur. xlv. gtts. and quiniæ sulph. gr. iv. in divided doses each day. During her entire sickness, she drank daily one pint of wine whey, and frequently a pint of clear milk beside; also large quantities of beef-tea and gruel. It would seem that the nourishment which she took daily would have been sufficient to keep a strong, healthy man, yet there never was any evidence of the stomach refusing to receive and digest the whole. The early part of the treatment of this case was after a plan pursued by Dr. Braman in similar cases. He considers the combination of opium and calomel indispensable, and that they should be used freely until active purgation is established; after which he gives Dover's powder, ol. terebinth. mist. The efficacy of this plan of treatment I have more than once observed, and can bear witness to its utility in controlling or preventing any untoward events after tedious labor. The excellent results obtained in the case here reported and in two others, somewhat similar, would lead me to adopt it as the most efficient and ready

method of combatting inflammatory troubles and favoring the elimination of poisonous *débris* from the system.

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Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.
F. B. GREENOUGH, M.D., SECRETARY.

APRIL 22d.—*Ovarian Disease cured by inserting a Tube into the Cyst through the Walls of the Rectum and injecting various Astringents.*—Dr. J. HOMANS reported the case.

Mary R., 21 years old, presented the following physical appearances on Oct. 26th, 1871. She was about 5 feet 1½ inch in height, rather slender, and considerably emaciated. The girth at the umbilical level was 30½ inches. The pelvic and lower abdominal regions were occupied by a tumor, quite pyramidal in shape, with its apex in the umbilical region. There were three masses, varying in size from that of a small pear to that of a lemon, which could be moved about somewhat between the abdominal parietes and the tumor, or else were movable in the parietes of the tumor. The main tumor was but slightly movable; apparently the adhesions were numerous and very strong. The abdominal parietes were normal in thickness. *Lineæ albicantes* were present over the lower abdominal regions on both sides. No dilatation of superficial veins. No distinct evidence of fluctuation in tumor. No impulse. No crepitus. No tenderness. Solid on percussion. The bowels were habitually constipated. The uterus could not be felt. The cavity of the vagina was nearly occluded by a mass filling the cavity of the pelvis. The cavity of the rectum was somewhat narrowed. Catamenia present July 12; next in middle of September, and then about the 5th of October, and again on the 14th of October. Has great difficulty in voiding urine, requiring the frequent use of the catheter, and only gets along without this instrument by pushing with the hands over the pubic region in a downward direction. As will be seen hereafter, the bladder was carried up and flattened out over the right side of the cyst, and experience had taught the patient that pushing in this way would empty it. Appetite moderate. Pain at times in abdomen for a year, and continuously in back for the past five